

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

PRIMARY REG. DIST. NO.

State File No.

45775

Registrar's No.

11250

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
ST LOUISc. LENGTH OF STAY (In this place)
5 DAYSd. FULL NAME OF HOSPITAL OR INSTITUTION
ST John's HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

MISSOURI

ST LOUIS

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN UNIVERSITY CITY 4346

d. STREET ADDRESS

(If rural, give location)

27 7158 PERSHING

3. NAME OF DECEASED
(Type or Print)

a. (First)

DEE

b. (Middle)

FRANCIS

c. (Last)

DURBIN

4. DATE OF DEATH

(Month)

(Day)

(Year)

NOV 22 1957

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 15 1906 50

9. AGE (In years last birthday)

10. UNDER 1 YEAR

Months

11. UNDER 1 YEAR

Days

12. UNDER 1 YEAR

Hours

13. UNDER 1 YEAR

Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

DURBIN-DUROS

11. BIRTHPLACE (City and State or Foreign Country)

DENVER, COLO.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

V. S. DURBIN

13b. MOTHER'S MAIDEN NAME

FRANCES DAVIS

14. NAME OF HUSBAND OR WIFE

LOLA MAE DURBIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

316-03-3126

17. INFORMANT'S SIGNATURE OR NAME

LOLA M DURBIN 7158 PERSHING

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Acute Coronary Occlusion - Infant Sudden

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Art. Scler. Heart Disease

DUE TO (c)

420.0

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

8 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1957, to Nov. 22, 1957, that I last saw the deceased alive on Nov. 22, 1957, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Hiram L. Huggins M.D.

23b. ADDRESS

3720 North L Blvd.

23c. DATE SIGNED

Nov. 23, 57

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

NOV 25, 1957

24c. NAME OF CEMETERY OR CREMATORY

ST PETERS CEMETERY

24d. LOCATION (City, town, or county)

NORTHWOOD MO

(State)

DATE REC'D BY LOCAL REG.

NOV 25 57

REGISTRAR'S SIGNATURE

J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

STOCK MORTUARY 8855 BRENTWOOD

ADDRESS

CLAYTON

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul A. Wachtel

Licensed Embalmer No.

4787

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.